THE BOSTON
MEDICAL AND SURGICAL JOURNAL.

VOL. XCVI. — THURSDAY, MARCH 8, 1877. — NO. 10.

NOTES ON SOME OF THE MOST FREQUENT FORMS OF SKIN DISEASE.[1]

BY F. B. GREENOUGH, M. D.

NUMBER II.

In the treatment of diseases of the skin various agents are used, which differ in their action and in their method of application, of which it may be well to say a few words in general before referring to their use in special diseases. These are, for the most part, comprised in the following classes: soaps, poultices, ointments or salves, the various preparations of tar and sulphur, washes, powders, and caustics. At the head of this list, in point of frequency of employment, stand the soaps, as they fulfill an important indication in the treatment of almost all abnormal conditions of the epidermis. The ordinary use of soap is of course to clean, to remove the secretions and any extraneous matter that may have come in contact with and adhered to the cutis. For this purpose, that is, simply cleansing, there is nothing better than the white castile soap which is imported from Spain and Italy, and is made of olive oil and soda. It is not irritating, can be used on a raw or granulating surface, and is sufficiently alkaline to saponify the sebaceous secretions of the skin and the fatty matter of ointments that may have been used as dressings. Theoretically, the white is better than the marbled castile soap, as the marbling is due to the presence of some of the salts of iron; whether these are present in large enough quantity to do any harm is, I think, doubtful, but it is just as well to be on the safe side. For toilet purposes, however, that is, for daily use on those parts of the body, such as the hands, face, and neck, which are exposed to the air, wind, and dust, this soap is found to be apt to render the skin dry and rough, and in cold weather liable to chap. To avoid this an enormous number and variety of soaps are made, each manufacturer claiming that his exceeds all others in its emollient and soothing character. These differ in the fatty ingredient used to saponify the base (soda), palm, cocoanut, turtle, and other oils being used, and in the essences used to perfume them. Honey and glycerine are also, or are claimed to be, incorporated in the soaps, to increase their emollient powers. Some of the glycerine soaps made by the best English manufacturers do contain free glycerine, but the majority of glycerine soaps are such in name only. Until quite recently the French toilet soaps were considered the best, and the price of a small cake of Lubin's make was a dollar, the chief if not the only merit of which was its powerful and lasting perfume. Of late, however, the use of highly scented soaps has much diminished, partly as a mere matter of fashion, and partly from an idea that the essential oils used to give the scent are irritating; and since then the English soaps have been the most in repute. A soap is made, the fatty ingredient of which is claimed to be spermaceti. Whether this is really the fact I cannot say, nor can I pretend to have tried even a small proportion of the different soaps of which the virtues are vaunted; but I can say with confidence that the effect of the use of the "spermaceti tablet" on the softness and whiteness of the skin is very marked. Some skins however are so delicate that the use of even the best soap will produce a certain amount of roughness and dryness. In such cases great benefit may be derived from moistening the skin, after washing and drying, with a lotion consisting of one part each of glycerine, alcohol, and rose-water to three of water, and rubbing gently until dry. This will also be found very useful where circumstances compel one to wash the hands frequently. The constituents of this lotion, by the bye, are, I think, about the same as those of a toilet wash which had a great reputation and sale under the name of "Kaliston." So much for soaps as mere agents for cleanliness. In the "German soap" (*schmierseife*), however, we have the means of fulfilling other and important indications. This is a soft soap, the fatty substance of which is fish oil, and the base potash instead of soda. It is strongly alkaline, and should be semi-transparent, of a yellowish or greenish brown, and about the consistency of marmalade. It has quite an irritant action, and if left in contact with the skin for twelve hours will in most cases produce considerable inflammation, followed by desquamation. It may be said to be semi-officinal, under the name of sapo viridis. In addition to its cleansing properties, which it possesses in common with all soaps, its action on the skin ranges, according to the method and length of application, from simply stimulating the circulation and nutrition of the cutis to actually removing the external layer of the epidermis by means of the chemical solvent action of the potash on epithelium. It is applied on a moistened sponge or piece of flannel, and rubbed on the part upon which we wish to act, more or less thoroughly, and for a longer or shorter period, according to the effect desired. Owing to its irritant quality, care should be taken to give instructions to the patient or nurse to wash it off with two or three fresh waters when the application has been sufficiently made.

---

[1] Continued from page 218.

The German soap may also be used as an alcoholic solution which is recognized as the tr. saponis viridis. Hebra describes this under the name of spiritus saponatus kalinus, and his formula is as follows: —

℞ Saponis viridis . . . . ℥ viij.
Spiritus vini rect. . . . . ℥ iv.
Digere per horas xxiv, deinde filtra, et adde
Spiritus lavandulæ . . . . q. s.

the spirits of lavender being added merely to perfume the solution. I never prescribe it of that strength, as with equal parts of soap and alcohol even, some of the soap does not seem to be taken up. This alcoholic solution may be used wherever the soap is indicated, but it is more especially useful in the treatment of diseases of the scalp, for shampooing. Whether any of the virtues of the German soap are due to the fish oil is, I think, a matter of doubt, and it certainly is an objection to it, as far as the sense of smell is concerned. I have used our common soft soap in dispensary practice with, as far as I could see, about the same effect, and do not feel at all sure but that a soft potash soap might be made, substituting some more agreeable fatty substance, which would possess all the therapeutical qualities of the *schmierseife.* At least there can be no virtue in the fact that the oil used in its manufacture is rancid, yet I have been told by apothecaries that unless the German soap really stinks, some physicians will not believe that it is genuine. The *schmierseife* is also a convenient agent to produce a certain amount of inflammatory action of the skin. In some chronic cases of eczema or psoriasis, it is advantageous to start up a more active inflammation, and this may be done by spreading the German soap on a piece of cloth and by applying it to the part as a plaster, for more or less time, according to the amount of reaction required. It does not cause vesicles or pustules, but creates an active inflammation which on the irritant's being removed results in desquamation of the external layer of the epidermis.

Poultices are used in the treatment of skin diseases to fulfill the same indications as elsewhere, that is, where warmth, moisture, and softness are required. They are made of the usual ingredients, flaxseed, oat and Indian meal, slippery elm, bread and milk, etc., and in this connection there is nothing especial to be said about them except, perhaps, that when used on an ulcerated or raw surface, it is well to have an old, soft piece of muslin or lace between the poultice and the skin, as it allows the dressing to be taken off as a whole, instead of being scraped off. In addition to this, however, poultices are very useful in fulfilling a special indication, namely, to soften and remove the crusts and scabs formed by the coagulation of pus, serum, sebaceous matter, etc. These crusts often must be removed in order that any application indicated may come in contact with the diseased epidermis, and in many cases the removing of a scab is the first step towards a cure; for although in a lesion of the healthy skin, such as a scratch, cut, or abrasion, the scab formed seems to be nature's dressing, under which the process of healing goes on quickly and quietly, in a pathological condition, such as, for example, a pustular eruption, the crust acts as a decided irritant, confining the pus and causing a spreading of the ulceration. It is not at all uncommon to see cases of pustular eruptions in children which cause much suffering, each scab being surrounded by an angry red areola, where as soon as the crusts are removed and prevented from re-forming all pain ceases, and the reparatory process begins at once. Moreover, with regard to diagnosis, although the shape and size of the scab will give information, as in syphilitic rupia, for example, it is of the greatest importance to know what the condition of the skin under it is, and of course in order to obtain that knowledge the scab must be removed. Especially in diseases of the scalp are poultices useful to free the skin from the accumulated secretions. For this purpose flaxseed meal, owing to the large amount of oil it contains, is perhaps the best ingredient for a poultice. Where only one or two crusts on the body or limbs are to be removed, a piece of spongio-piline, or a small sponge saturated with oil or glycerine, will do as well as a poultice, and will give less trouble. Cod-liver oil seems to have a decidedly emollient power in softening the crusts resulting from ulcers and secreting lesions of the cuticle, but its odor is with many people an objection to its use.

The indications to fulfill which the many salves or ointments are used, are various: such as, for example, to simply lubricate the skin and keep it soft and pliable when it has a tendency to become dry and hard, or to crack; to protect it from contact with the air or clothes, and especially to prevent the latter from sticking to sore places; to hinder the coagulation of the secretions and scab formation; to bring certain ingredients contained in the salves in contact with the diseased skin, and thus to get their therapeutical action, etc. The variety of ointments used for these different purposes is almost infinite, but one general rule can be laid down for all, namely, that it is of the greatest importance that the fatty substance which constitutes the vehicle with which the different ingredients are combined should be sweet and fresh, and not rancid, as the fatty acids which are generated when such is the case are decidedly irritating. Ointments are applied to the skin either by being directly smeared or rubbed on, or by being spread on pieces of cloth and then laid on as a plaster. In whichever way they are used, the dressing should be removed twice if not three times a day, the skin being thoroughly but gently washed with lukewarm water and castile soap. To mention even a small proportion of the numberless salves used is of course out of the question, but I will briefly refer to two of the most useful ones, as, although very generally used, they are not officinal.

The benzoated oxide of zinc ointment is one of those most frequently prescribed as a direct application to the skin. Bell's formula for this was to melt over a slow fire for twenty-four hours, in a covered vessel, one drachm of powdered gum benzoin with six ounces of lard, and then to add one ounce of the oxide of zinc. Wilson (Erasmus) improves this by adding to it rectified spirit a drachm to the ounce. The oxide of zinc ointment of the United States Pharmacopœia is made of benzoated lard, and consequently is dispensed indiscriminately for the simple oxide or benzoated oxide of zinc ointment. The amount of gum benzoin in this, however, is so small that it does not at all represent Wilson's modification of Bell's formula. This may, however, be easily imitated by prescribing one drachm of the compound tincture of benzoin to one ounce of our officinal zinc ointment; the result is a very smooth, light salmon-colored salve, not so emollient as some others, but having a very soothing effect on the epidermis. It can be used on excoriated and inflamed surfaces, and has somewhat of an astringent action. Of the salves applied indirectly, that is to say, as plasters, Hebra's unguentum diachyli is one of the most useful, and is (in Boston at least) pretty generally known and dispensed under that name. It is made by slowly melting and thoroughly stirring during the process equal parts (by weight) of the emplastrum plumbi and olive oil. A drop or two of the oil of lavender to the ounce may be added if the smell is disagreeable, as it is to some patients. In cold weather the proportion of oil will have to be somewhat increased. When properly made it is a very smooth and extremely tenacious ointment, of such a consistency as to be easily and evenly spread with a spatula, and which by the heat of the body becomes softened just enough to keep the cloth on which it is spread in perfect contact with the skin. It also adheres sufficiently to keep the plasters in place, and yet allows them to be removed without much force. We have then here an agent for protecting the surface to which it is applied from the air and the friction of the clothes, for keeping the cutis soft, for preventing the formation of scabs, with a decidedly soothing effect on the skin, so that it can be used even where there is considerable irritation. A curious and important fact with regard to this ointment is that there is no fear of any symptoms of lead poisoning following its use. Hebra states this as a fact, and claims the same immunity from danger for all the lead ointments and washes used externally. I have used it very freely, in one case keeping what was equal to at least one sixth of the integument covered with it for weeks without the slightest bad effect, and that, too, where the greater portion of the parts covered was excoriated and in just the condition which one would suppose to be most favorable to absorption. This certainly does seem extraordinary when we reflect that even the small amount of lead inhaled from the evaporation of fresh paint, or even the smaller amount contained in a chip from the glazing of a saucepan, has produced very decided toxicological manifestations. On the other hand, we have ample proof that other metals can be absorbed by the cutis, as I have seen three cases where salivation followed one inunction of mercurial ointment, while Hebra tells of a patient who was salivated by one application of the acid nitrate of mercury to a mucous patch.

There is one other ointment, a mention of which in this connection seems appropriate, the unguentum hydrargyri. There can, I think, be no doubt that this salve, when kept constantly in contact with the skin, will hasten the reabsorption of the infiltrated lymph, or proliferation of the connective tissue corpuscles which cause the raised papules or tubercles in some forms of chronic skin disease. This action is most marked in eruptions of a specific nature, but is by no means confined to such cases. The emplastrum mercuriale of the United States Pharmacopœia is altogether too hard and stiff for use, and even when using the ointment it will in cold weather be necessary to add a few drops of glycerine to it in order to make it of the right consistency to spread easily and and adhere properly. It should be spread on a piece of soft kid, and applied as a plaster to the spots the absorption of which we wish to hasten. On some skins it will produce considerable irritation, especially on those parts where there are many hair follicles. The possibility of ptyalism should be borne in mind.

Probably no one class of agents is used in cutaneous therapeutics more than tar and its various preparations. Common tar is of such a consistency as not to be easily used, although it can be diluted with oil, but the oils of tar made from the wood of the juniper, birch, and beech trees are now chiefly employed. These all resemble each other in color, consistency, and odor, can be diluted with oil, glycerine, or alcohol, and have the same therapeutical action. That made from the juniper, oleum cadini, is far the most commonly used. The oleum rusci, made from birch, is better in some cases, as it is less irritating and its odor is more aromatic, resembling that of the well-known red Russian leather. The action of these tar oils seems to be to diminish the congestion of the skin, more especially in a chronic or subacute state, and also, probably as a result of this, to control the itching which is so intolerable a concomitant of some erruptions. They should not, however, be used where there is any acute inflammation, as in such cases they act decidedly as irritants. This irritant action varies much, according to the idiosyncrasy of the patient on whom they are used. On this account it is well at first to dilute them with oil or glycerine, and also not to cover large surfaces of the body at once until we have seen that they are tolerated. This latter precaution should be taken, as in some cases covering a large surface of the body with tar is followed by quite violent symptoms.

The patient will have decided fever, accompanied with vomiting of very black matter, and the urine will be found to be almost as black as ink. These symptoms will cease as soon as the tar is removed, but may be quite alarming at first. I never have seen such results except in Hebra's wards, and only two or three times there; they happened in patients who were tarred from head to foot. I doubt very much whether anything short of a pretty general tarring could call them forth, but it is well to be aware of the possibility of such an occurrence.

The preparations of tar are best applied to the skin with a brush of the broad, flat shape, such as painters use to lay on varnish; this should be soft, and the preparation should be lightly painted over the surface to which we wish to apply it, when the skin is tender and irritated, as in some forms of eczema; but a stiff brush should be used, and the tar thoroughly rubbed in when the condition is more chronic, as in psoriasis, ichthyosis, etc. Tar is also incorporated in a soap which is popularly supposed to be efficacious in abnormal conditions of the skin. Being insoluble and only coming in contact with the skin during the few moments of its use in washing, it cannot have much effect. In the case of acne, for which it is often used, the only result is that it does adhere to the sebaceous matter in the distended follicles which commonly are found in such cases, making these points much blacker and more noticeable than before.

To some patients the topical use of tar is very disagreeable. In carbolic acid we have an agent, the therapeutical action of which is supposed to be about the same as that of tar. This may be used in solution in oil, glycerine, or alcohol, or as an ointment. Except as a means of controlling pruritus, however, I have not found the same benefit from its use; but for one purpose it is invaluable, and that is as a parasiticide. In the proportion of one drachm to one ounce of lard or oil it will destroy very rapidly and surely the vegetable and animal parasites to the presence of which several cutaneous disorders are due. I have never seen any bad results follow its use at that strength, and have used it very frequently and freely.

From the earliest period of medical history sulphur has had a great reputation as an agent for treating diseases of the cutis, not only as an external application but as a laxative by means of which the impurities of the blood may be eliminated. Its reputation undoubtedly arose from the success of its use in the treatment of scabies, as before the parasitic nature of that disease was recognized many cases of it must have been looked upon as eczema or something of that nature. In point of fact sulphur applied locally is an irritant, so much so that even in the treatment of scabies it is often found necessary to combine other ingredients with it to modify its irritant action. When used, except in scabies, it is for the purpose of getting its irritant effect.

Washes are used simply to bring certain substances which they hold in solution in contact with the diseased skin. They have to be renewed frequently, owing to their evaporation. This may, however, be considerably retarded by combining glycerine with the solution.

The use of powders is to absorb the secretions, when not too abundant, to protect surfaces of the cutis that rub against each other, and to have a cooling and soothing action on the skin. Those most commonly used are made of starch, rice, soapstone, the oxide of zinc, etc.

The number of caustics that may be used is very large, varying in the rapidity and thoroughness of their action. With regard to their use as a class there is nothing especial to be said.

(To be continued.)

A CASE OF PLACENTA PRÆVIA.[1]

A PROPOSED MODIFICATION OF THE METHOD OF TREATING PLACENTA PRÆVIA BY RETROVERSION OF THE PLACENTA.

BY W. L. RICHARDSON, M. D.,

Visiting Physician of the Boston Lying-In Hospital.

MRS. H. H., aged twenty-seven, the mother of two children. Both previous confinements, which had been in the western part of New York, were normal. Her last child was born April 13, 1874. The catamenia returned the following August. Her second child was weaned in December. The catamenia continued regular until April 27, 1876, when they appeared for the last time, and ceased on the 2d of May. She quickened about the middle of September.

I first saw her November 26th. Her general health had been, as usual, good since the beginning of the pregnancy. The evening before, while attempting to move a piano, she felt that she "had strained herself." On getting up the following morning she discovered some blood upon her night-dress, and found that she was flowing. Supposing that it was a case of threatened miscarriage I directed her to remain in bed and to send for me at once if there should be any increase in the amount of the flowing, or if she should suffer any pains, from which she had thus far been free. In the evening the flowing had almost entirely ceased, and she complained of no pain. A rest in bed for a few days was advised. I was again sent for December 23d, on account of a slight bloody vaginal discharge. As there was apparently no cause for a return of the flowing, a case of placenta prævia was suspected, and a vaginal examination asked for. So much objection, however, was made to this, that it was not insisted upon, and rest, as before, was ordered. January 19th, I was sent for in great haste, as there had been a sudden and somewhat profuse hæmorrhage. A vaginal examination showed the case was, as had been suspected, one of placenta prævia. The implantation of the placenta was lateral, extending two or three inches to the right and about an inch and a half to the left of the os uteri. There were no signs of labor. The os was closed. The cervix was not wholly obliterated. The fœtal heart was distinctly heard, beating at the rate of 130, in the normal position. The patient was seen occasionally from that time until February 2d, when a hæmorrhage summoned me to the house about 9.30 P. M. The patient was in bed, complaining of feeble labor pains, which occurred about every twenty minutes. There was some slight flowing. The os was soft, dilatable, and about the size of a cent. The presentation was normal. A colpeurynter was introduced into the vagina. At eleven o'clock, the pains occurring every ten minutes, the colpeurynter was removed, together with a clot which had formed behind it. The os uteri was a little more than half dilated. The membranes were unruptured. The pains were good, both in character and frequency. Introducing the right hand the placenta was carefully separated from its attachments upon the left side, and, having been drawn down through the dilatable os uteri, was folded over upon the right side of the os. The separation of the placenta was followed by a slight hæmorrhage. The membranes, which had been drawn down with the placenta, were then ruptured with the index finger, while the thumb held the free edge of the placenta in its retroverted position. There was a free gush of the liquor amnii, in the midst of which unfortunately the funis was prolapsed. The pains at once increased in frequency and severity, the head descending through the superior strait. The funis was pushed into the left posterior quarter of the pelvic brim, where it would be least exposed to pressure. The os dilated rapidly, and at 12.30, as I was unwilling to run any risk of a subsequent pressure on the funis, the forceps were applied and the patient was delivered of a girl weighing six and a half pounds. The uterus contracted well, and the placenta was found immediately afterwards lying detached in the upper part of the vagina. The patient had a normal convalescence.

---

[1] Read before the Boston Obstetrical Society, February 10, 1877.

The method of delivery adopted in this case was that taught in Vienna and recently described and brought to the attention of the profession in this country by Dr. Davis of Wilkesbarre, Pennsylvania.

In two other cases, in which I have followed the same method, the result has been successful to both mother and child. In this case, however, the prolapse of the cord was an unexpected complication, but it was an accident liable to occur in all cases where there is an excess of liquor amnii, or where, for any reason, the presenting part of the child does not lie immediately above the dilating os uteri. This complication of the case, however, could be avoided by rupturing the membranes by means of a catheter introduced high up between the membranes and the uterine wall, on the side from which the placenta has been detached. In this way there can be no danger of any such sudden escape of the waters as is likely to follow a rupture made at the dependent part of the amniotic sac. In all cases, where an examination shows a considerable amount of water in advance of the presenting part, it is safer to rupture the membranes in this way, since otherwise there is always liability to a prolapse of the cord, and especially is this likely to happen, when the case is one of placenta prævia, in which the cord is so apt to lie at the lower part of the uterus and in the position most favorable to the occurrence of a prolapse.

With this slight modification of the above method of treating placenta prævia, it would seem as though the method described by Dr. Davis and followed in this case was by far the safest of all which have heretofore been recommended by obstetricians for the treatment of this class of cases. The danger to the child is to a great degree avoided, since there can be no fœtal hæmorrhage while the retroverted portion of the placenta is kept firmly pressed against the opposing uterine wall; and the danger of a maternal hæmorrhage is reduced to a minimum, since the rupture of the liquor amnii prevents the substitute of an unsuspected internal for an external hæmorrhage, while at the same time, it hastens the completion of the delivery by the promotion of uterine contractions. Should, however, severe external hæmorrhage take place, the application of forceps will in all cases at once speedily terminate the case.

◆

RECENT PROGRESS IN ANATOMY.[1]

BY THOMAS DWIGHT, M. D.

Liver.[2] — The gross and minute anatomy of this organ, and the changes which it presents during development, have been carefully studied by the two first-mentioned authors. The presence of vasa aberrantia, that is, gall ducts large enough to be seen by the naked eye, lying in the folds of the peritoneum which form the ligaments, is an old observation, but we believe that a conclusive explanation of their occurrence in such peculiar circumstances has not been given. These vessels imply an atrophy of the hepatic tissue. The shape of the liver, as is well known, is not the same in the infant and the adult, and the change is due to atrophy of some parts as well as to a disproportionate growth of others. The left lobe is perhaps the chief seat of the atrophy. The authors point out that the left triangular ligament of the embryo is inserted, not into the posterior border, but into the convex surface, and it may happen that a part or the whole of that portion of the liver between these two folds may lose its hepatic characters, that is, the liver cells, and there may remain only a variable amount of connective tissue, blood-vessels, and ducts, now appropriately known as vasa aberrantia. They are found also in the folds of the falciform ligament and in the slight band of fibrous tissue, which once was liver, that surrounds the vena cava. The description of the development of the blood-vessels is of little importance, but that of the cells and the formation of the bile ducts is more valuable. The cells of the fœtal liver are both polygonal and spherical; the former are those observed at the earlier stages. The polygonal ones differ from those of the adult by the greater clearness of their protoplasm and greater relative size of the nucleus. Cells with two nuclei are not uncommon. The spherical cells cease to be found shortly after birth. The liver cells at birth are but half as large as those of the adult, and it has been said that the growth of the liver is due to the increase in size of the cells, with of course the concurrent growth of the blood-vessels. Our authors are inclined to think these causes insufficient to make the liver of the adult ten times as large as it is at birth, and owing to the frequency of cells with two nuclei believe that there is an increase in their number. The liver in its earliest stages is a tubular gland, the tubules being quite irregularly arranged and forming a net-work. These tubules are without other walls than the cells, which according to these observers are polygonal till about the tenth week, when spherical ones are also found. The tubules in the neighborhood of the interlobular vessels become the branches of the hepatic duct, and the others the bile capillaries that empty into it.

---

[1] Concluded from page 261.

[2] Toldt and Zuckerkandl Sitzungsbericht. der Akademie zu Wien, 1875. Kolatchewsky. Archiv für mikroskopische Anatomie, Bd. xiii. Heft 2. Budge. Arbeit aus der physiologischen Anstalt zu Leipzig. 1876.

Kolatschewsky has investigated the origin of the bile ducts, and has come to quite novel results, which however can by no means be accepted as demonstrated. By macerating the liver both of adult animals and the human fœtus in bichromate of ammonium to isolate the cells, he has frequently found cells with cylindrical processes, apparently continuations of the body of the cell. He has found cells connected by such structures, and once at least has found the processes from two cells uniting into one and then subdividing. These processes appear to have walls, as indeed they must, owing to the action of the reagent. Whatever the signification of these appearances may be, there certainly is no evidence to show that they are the origins of the bile ducts, and we think that several arguments could be advanced against the plausibility of the view. The same author has demonstrated by means of gold very rich plexuses of nerves in the liver, forming a net-work around the interlobular vessels, from which still finer fibres enter the lobules and intwine the capillaries.

The lymphatic system of the liver has received a good deal of attention, which has not borne much fruit. Budge has made some progress, but still there is much that is obscure. Lymphatic spaces with their characteristic endothelium cannot be demonstrated in the liver except in the sheaths of the veins. Nevertheless he found it possible, by thrusting the canula into the wall of the hepatic vein, to inject not only the lymph spaces in its branches but those in the system of the portal vein, and also undoubted lymphatics of the peritoneum. He concludes that there are true lymph spaces in the walls of both the portal and hepatic veins, and that these systems are connected by what we may call "indefinite" spaces around the intermediate capillaries.

PROCEEDINGS OF THE NORFOLK DISTRICT MEDICAL SOCIETY.

ARTHUR H. NICHOLS, M. D., SECRETARY.

A STATED meeting was held in Roxbury, on Tuesday, January 9th, at eleven A. M., the president, DR. J. P. MAYNARD, in the chair. Present fifty-three members.

Extra-Uterine Fœtation: Operation: Recovery. — DR. D. D. GILBERT reported this case, which terminated successfully as regards both mother and child. The patient was thirty-seven years of age, of exceedingly nervous temperament, and of small stature, weighing but one hundred pounds. She had previously given birth to three living children, — the oldest being twenty years of age, the youngest eight, — and had, moreover, been the victim of four miscarriages, in one of which there was a twin conception. Two of these miscarriages had occurred since the birth of her youngest child. For five years before she had been subject to repeated copious hæmorrhages from the rectum, though it could not be ascertained that the conditions giving rise to this hæmorrhage had any part in determining the subsequent ectopia of the ovule. In February, 1876, having ceased to menstruate about the middle of the previous October, she began to experience strange sensations, which led her to suspect that she might be *enceinte*, or that possibly some obscure abdominal tumor might be forming. About the latter part of May she thought she felt a slight motion in what appeared to be a small tumor situated low down in the pelvis. The enlargement of the abdomen was at this time so slight as to be scarcely perceptible, the girth of the waist not being increased at all; nor indeed was there any notable enlargement of this circumference up to the time of delivery. The first examination was made by Dr. Gilbert, June 11th, when the abdomen was found to be the seat of a tumor about the size of an ordinary gravid uterus at the period of five months. This enlargement was evidently formed by the uterus, though situated low down and somewhat to the right. Auscultation gave feeble, but distinct, fœtal heart sounds. The diagnosis of pregnancy was not fully concurred in by the patient, her feelings being, as she asserted, totally different from those of all previous pregnancies. On June 25th and July 2d, severe cramping pains were experienced in the abdomen, and these pains thenceforward recurred each night until July 10th, when genuine labor pains were found to have set in, the womb contracting with each pain. A vaginal examination, however, gave no other signs of commencing labor; in fact the os and cervix seemed like those of a uterus at the period of six months, while their muscular tissues did not appear to participate in the uterine contractions; nor was there any downward pressure of the fœtus upon these parts with the labor pains. The pains ceased at this time, but returned upon the 11th with increased violence, but still different, she maintained, from any experienced in former labors. A vaginal examination revealed an undilated os. When, however, the finger was swept round the outside of the cervix, the right side was found to be enlarged, and communicated the sensation of a fœtal head within the womb. Within the cervix, the finger passed unhindered into the uterine cavity. The tissue lining the left of the organ seemed to the touch almost like that of non-gravid uterine tissue; upon the right side, just within and at the edge of the os, a fœtal head could be distinctly felt, covered by a thin mucous membrane, which seemed to participate, in a degree, in the uterine contractions that were going on. There remained, therefore, no doubt as to the existence of interstitial pregnancy. Deeming the condition of affairs at this juncture too critical to justify any delay for consultation, Dr. Gilbert took a "Miller's uterine scarificator," and passing it along the finger within the cervix carefully divided, by an incision about one inch long, the septum between the vicarious and the true uterine cavity. The operation was attended with slight hæmorrhage, and the pains soon began to diminish in severity, until, at the expiration of an hour, the patient was quite comfortable, and passed a quiet night. The next day, the unruptured membranes inclosing the fœtal head were found presenting at the os, as in normal labor, but there were no labor pains. At five P. M., upon the day following, July 13th, the pains were renewed and progressed naturally, terminating at eleven A. M. in the birth of a poorly nourished child, weighing four pounds. At the end of six weeks this child died from inanition. The liquor amnii was quite scanty; the placenta and cord presented nothing abnormal. The mother made a good recovery at the end of five weeks. The mammary secretion was entirely absent. Menstruation was renewed in about three weeks after confinement, and there has since been but slight hæmorrhage from the bowels.

Dr. Gilbert gave an interesting and concise résumé of our knowledge respecting ectopic fœtation, describing the various causes, symptoms, and varieties of this accident, and the ways in which this condition may terminate. He alluded to the cases recently reported by Professor T. G. Thomas, of New York, in one of which the contents of the fœtal cyst were successfully removed, after a section of the vagina had been made by means of the galvanic cautery. He gave also the details of a case of tubo-uterine pregnancy reported by Dr. H. Lenox Hodge, in which labor was brought on at about the eighth month by dilating the os uteri. The structure covering the fœtus was then divided, and extraction was effected by means of the blunt hook passed over the edge of the thigh, the breech having formed the presenting part.

Dr. Gilbert expressed the opinion that the result accomplished artificially in the cases reported by Dr. Hodge and himself might possibly have been attained by the natural uterine contractions unaided, provided the peritoneo-uterine walls were strong enough to sustain the tension. In case the internal wall of the sack in interstitial pregnancy were not very thick it would not be impossible for such a rupture to take place without the knowledge of either patient or accoucheur. Such a spontaneous rupture may indeed occur not unfrequently at an earlier period of gestation, by which means an interstitial pregnancy is converted into a normal one. Such a course would only be in keeping with what is known of interstitial uterine fibroids, which are often converted into intra-uterine fibroids by the efforts of nature.

Dr. Henry A. Martin recalled a case of tubal pregnancy, reported in 1862 by Dr. George Osgood of Andover.[1] In the case referred to, at the expiration of nine months' pregnancy, labor apparently set in, but the pains gradually disappeared without accomplishing anything; and although the woman suffered for some time afterward, she eventually recovered, lived seventeen years, and bore five living and fully developed children, besides going through some six or seven abortions. The autopsy revealed the presence of the bones of a full-grown fœtus in the greatly enlarged but entire left Fallopian tube, which was adherent to the colon and also to the peritoneum. The walls of the tube were nearly half an inch in thickness. The uterus and right Fallopian tube were in a sound condition. The result of this and numerous similar cases afforded cogent reasons for concluding that in ectopic fœtation the best course to pursue, as a rule, is that of non-interference, trusting rather to nature. Experience demonstrates that the apparently innocent operation of puncturing and aspiration of the cyst proves generally, if not invariably, fatal.

Cold-Water Baths in some Acute Diseases. — **Dr. J. S. Greene** read a paper upon this subject. He first called attention to the well-known danger attending a very high temperature of the body, and to the power of cold water to lower the temperature, and alluded to some obstacles to the ready acceptance of this method of controlling the fever temperature, commonly met with in private practice. The observation of Bartholow,[2] that "cold baths are of equal utility in scarlatina and typhoid fever," while true enough for a general statement, will admit of some qualification. It should be borne in mind that in scarlatina the influence of the bath is not aided by the daily oscillations of temperature which occur in typhoid; while in some cases of scarlatina the good effect of the bath is antagonized by stasis of blood in the cutaneous capillaries, by which means the diffusion of the cooling influence throughout the body is hindered. Dr. Greene stated that during the past five years he had made extensive use of warm, tepid, or cold baths in cases of scarlatina, and with excellent results. He described his customary management of the person and surroundings of the patient. He narrated the case of a young, delicate child, affected with scarlatina and double pneumonia, where towels wrung from cold water and constantly renewed, applied around chest and head, with active friction and dry heat to the extremities, was promptly followed by a resolution of the pneumonia, while there occurred coincidently a decided relief of such symptoms as coma, oppressed respiration, leaden-colored rash, and cool extremities, with pulse of 160 and temperature of 106° F. In this instance the primary disease, scarlatina, went on to a fatal issue in three weeks, but the case served, nevertheless, to illustrate the following generalizations with which the paper concluded: —

---

[1] Communications to Massachusetts Medical Society. No. II. Part II.

[2] Therapeutics and Materia Medica.

(1.) That a rise of temperature, whether sudden or gradual, sufficient to indicate danger, demands the prompt resort to energetic measures designed to reduce the heat of the body; and that cold-water baths form the most prompt and efficient, and often the only available agent to this end.

(2.) That neither infancy nor enfeebled vitality constitute contra-indications to this treatment.

(3.) That local congestions accompanying or contributing to produce such high temperature do not form a contra-indication to this treatment, but, on the contrary, definitely aid in determining the manner in which the cold baths shall be applied.

(4.) That this mode of treatment, while an invaluable resource in dealing with certain definable conditions having a grave prognostic significance, has not any specific curative power; some cases will prove fatal in spite of its judicious use, and many more will succumb under phases of disease, where measures for the mere lowering of febrile temperature have no influence and no proper application.

Dr. H. A. Martin thought that the custom now prevalent of treating scarlatina and certain other acute diseases by means of cold-water applications afforded an excellent instance of the freaks of fashion in the matter of therapeutics. This method of treatment by means of cold water was fully and explicitly laid down in the works of Curran, and was practiced to a great extent in the early part of the present century, to be subsequently abandoned and even forgotten. At present the advocates of cold-water treatment are greatly overdoing the thing. One of the objectionable results of their enthusiasm is that the undeserved stigma of *crassa negligentia* is not unfrequently attached to such physicians as may not deem it advisable to resort to this system. In like manner, the eighteenth century and the first part of the nineteenth witnessed the wholesale employment of calomel and other forms of mercury in almost every variety of disease; whereas, at the present time, it is considered by certain physicians a matter for exultation, that under no circumstances is any form of this valuable mineral resorted to by them. In nearly all systems and modes of treatment, there are to be found some grains of good, which the progressive physician will be willing to utilize, while he should not hesitate to discard that which is worthless. Dr. Martin thought that great credit should be attributed to Preissnitz for having demonstrated in precisely what cases cold effusions are applicable or inapplicable.

Dr. S. E. Stone remarked that in order to counteract the popular prejudices against cold baths in fevers, he had lately resorted to the employment of the tepid wet sheet, which produced all the favorable results of cold effusion.

Dr. Martin preferred to have the patient laid upon rubber or oiled silk, and then sponged with as cold water as the attendants could be prevailed upon to employ.

Improved Adhesive Plaster. — DR. MARTIN exhibited a new and improved form of adhesive plaster. He said that it was some sixteen years since the late venerable and distinguished Josiah Crosby had introduced to the general notice of our profession a method which was now universally accepted as one of the very greatest advances in surgical practice. He alluded to plaster-strap extension in fractures and in orthopedic surgery. Since this advance in our art was inaugurated, a sticking plaster that could answer all requirements has formed a great desideratum. There are numerous objections to our ordinary "spread" plaster. It lacks strength, and is therefore apt to soften and yield to the extending force, particularly in warm weather. If kept for any length of time it deteriorates, owing to the oxidation of the lead contained in it. Dr. Martin had been a frequent witness of infinite trouble in the use of adhesive plaster in military surgery in the field. Great quantities of it became worthless; and when, even in its best state, conveniences were wanting for softening it by the application of heat, it was customary to restore the adhesive quality by sponging it with chloroform, a method which answered very well, but which would commonly prove too expensive to patients less affluent than "Uncle Sam." Maw's mole-skin plaster is manufactured in London. This is ordinary adhesive plaster spread upon a very thick, strong, cotton fabric, and is by far the best in the market for important surgical and orthopedic purposes, being extensively imported. It is, however, very expensive, and open to all the objections to common plaster, except that of weakness. A so-called gum plaster is being introduced in New York, the objection to which is that its ingredients are combined by use of a solvent like naphtha, and this agent produces irritation of the skin, resulting in a form of eczema. The plaster now introduced to the profession by Dr. Martin is composed of India rubber and Burgundy pitch in about equal proportions, a very small amount of some other gum-resins and less essential substances, introduced chiefly for convenience of manipulation. The adhesive compound is spread upon a strong drilling cloth, and presents the following important advantages: it contains no solvent whatever, and hence can be used with impunity upon the most sensitive skin. When brought into apposition with the skin, it adheres at once and at all temperatures, without the application of heat, and instead of losing its hold after a while, it clings with increased tenacity, not becoming detached or loosened, even when the parts around it are bathed with cold or tepid water. This peculiar adhesiveness and the strength of the cloth upon which it is spread constitute its chief advantages. Experiments are being made with a view to applying the adhesive compound to water-proof cloth, applicable to certain surgical exigencies; and if these attempts are successful, the last desideratum will have been met. The piece exhibited to the society was spread four months previous, and was shown to have lost none of its adhesive qualities, and it was asserted that other specimens of experimental plaster made seven and eleven years ago still retained this important quality.

Dr. Martin distributed several specimens of the plaster among the members for trial, and expressed his willingness to furnish it to any physicians applying for it, with the view of subjecting it to the only proper test, namely, that of actual use.

New Processes for making Crystallized Phosphoric Acid and Hydrobromic Acid. — PROFESSOR GEO. F. H. MARKOE exhibited: (1.) A specimen of crystallized tribasic phosphoric acid, not to be confounded with the glacial phosphoric acid of commerce, which is always adulterated with thirty to forty per cent. of phosphate of sodium, added for the purpose of imparting solidity, and in order that it may be made to assume the form of sticks. This peculiar form of the crystallized phosphoric acid is made by a novel and less dangerous process, devised by Professor Markoe, and presented to the American Pharmaceutical Association at their meeting in Boston in 1875, and published in the Proceedings of that year. The dilute phosphoric acid of the Pharmacopœia contains ten per cent. of the tribasic crystals; though a stronger solution for the convenience of druggists is now made, containing fifty per cent. of the phosphoric acid. In accordance with the old process, phosphoric acid is made by boiling phosphorus with diluted nitric acid, which requires constant watching and involves great liability to accident. Diluted phosphoric acid made from glacial acid, as authorized by the second process of the Pharmacopœia, is not only deficient in strength, because largely adulterated with phosphate of soda, but is also incompatible with the tincture of the chloride of iron, with which it is frequently desired by physicians to combine the acid.

(2.) A specimen of diluted hydrobromic acid, containing about ten per cent. of real HBr. This acid, though long known as one of the most important compounds of bromine, has only recently come into extensive use medicinally. The process suggested hitherto for making a medicinal acid yields an impure acid. It is made by decomposing bromide of potassium by an equivalent quantity of tartaric acid, and hence the solution of the acid is contaminated by the bi-tartrate of potassium. The acid exhibited by Professor Markoe, though more difficult to make, has the advantage of being a pure diluted hydrobromic acid, corresponding in strength with that made by the ordinary process.

◆

FOTHERGILL'S THERAPEUTICS.[1]

"THIS work is not an imperfect Practice of Physic, but an attempt of original character to explain the rationale of our therapeutic measures. First, the physiology of each subject is given; then the pathology is reviewed, so far as they bear upon the treatment; next the action of remedies is examined; after which their practical application in concrete prescriptions is furnished. It is not essayed to give prominence to new remedies or new therapeutic measures so much as to analyze and elucidate the modus operandi of the measures in common use. It is designed to furnish to the practitioner reasons for the faith that is in him, and is a work on medical tactics for the bedside rather than the examination table."

---

[1] *The Practitioner's Handbook of Treatment; or The Principles of Therapeutics.* By J. MILNER FOTHERGILL, M. D., Member of the Royal College of Physicians of London, etc. Am. Ed., 1 vol. 8vo, pp. 575. Philadelphia: Henry C. Lea.

Such is the statement given by the author of this work, in his preface, of the object he had in view in preparing it, and of the plan which he has followed in its preparation. The object is one of the most important which a medical writer can propose to himself, for therapeutics is the goal of medicine, and the plan is an excellent one. In justice to Dr. Fothergill we ought to say that he has adhered to his plan throughout the work with fidelity, and has accomplished his object with a rare degree of success. We heartily commend his book to the medical student as an honest and intelligent guide through the mazes of therapeutics, and assure the practitioner who has grown gray in the harness that he will derive pleasure and instruction from its perusal.

To write a book on therapeutics is one of the easiest, and one of the most difficult, tasks which can be undertaken. It is an easy task to one who limits himself to the compilation or reproduction of traditional and current opinions, and to the presentation of routine modes of treatment; who is satisfied with teaching that nitre is good for fever and opium for pain, senna for constipation and iodide of potash for "humors." It is a most difficult task to one who, building on the broad and solid basis of fact, endeavors to found therapeutics upon what physiology has disclosed of the normal processes of the body; pathology, of its abnormal processes; experimental research and rational empiricism, of the action of remedial agents; and clinical observation, of the behavior of disease under the manifold and varying circumstances which affect the causation, progress, and termination of maladies. A book on the art of healing designed in accordance with the former of these two plans, even if its author were intelligent and accomplished, would be worthless; one prepared in the latter way, by a person of fair abilities and decent attainments, would be valuable, and might be invaluable. Dr. Fothergill has wisely chosen the better part. The excellent results of his labors, in the direction we have indicated, may be seen in the volume before us.

The book consists of two parts, which divide it about equally. The first half treats of the general principles which, derived either from physiological research or from the accumulated stores of experience, underlie and to a greater or less extent modify the Protean forms of disease, and serve to guide the practitioner in the selection and application of remedies. These principles are discussed under the heads of Assimilation, Excretion, Body Heat and Fever, Inflammation, Anæmia, Growth and Decay, Abnormal Growths, Blood Poisons, Acute and Chronic Disease, Action and Inaction, and of three maladies, Diabetes, Gout, and Rheumatism, which are so intimately connected with the process of assimilation that they are appropriately considered in connection with it. The influence which these processes, some of which are physiological and others pathological, exert over the causation and modification of disease, and the extent to which they may be guided and controlled by treatment are clearly presented. The necessity resting upon every practitioner who has intelligence and ambition enough to rise above the low level of empiricism and routine to keep these principles constantly before him, as a mariner does his chart, never forgetting in the perplexities of the sick room that the condition of his patient's system, and not a peculiar entity called disease, and above all not a mere name like erysipelas or bronchitis must form the prime factor in his treatment, is fully explained, illustrated, and enforced. This is a matter of such importance that it can scarcely be overestimated. We rejoice that our author has given to it the prominence it deserves.

The second part is an application of the principles laid down in the first part to the various disorders of the organization, and points out the rational method of adapting remedial agents to the indications of disease. In doing this, the value of therapeutic measures is properly insisted upon instead of the specific action of drugs. Maladies are described in groups, not as individuals, and the appropriate treatment of each group is broadly but distinctly sketched. The groups are formed by associating together affections which have a natural bond of alliance with each other: as diseases of the circulatory system; the respiratory system; the digestive system; the urinary system; the reproductive system; the cutaneous system; the lymphatic system; and the nervous system. Two chapters, one on public and private hygiene, and the other on food in health and ill health, conclude this part. A chapter, describing the ideal physician at the bedside, with some remarks on medical ethics, forms a fitting termination of the work.

Such is a rough outline of The Practitioner's Handbook of Treatment; an outline, the details of which we advise our readers to fill out for themselves by a careful perusal of the treatise. We have commended it heartily and honestly, for it deserves commendation, but in doing so, we do not mean to say that we give an unqualified assent to all of its positions and statements. It presents some views which we hesitate to accept, advocates some therapeutic measures which are of doubtful utility, and gives to some drugs a prominence which they do not deserve. We should criticise, for example, some of the statements about cerebral anæmia; use alcoholic medication with less freedom than is here advised; and not give to antimony so honored a place in the materia medica. But it would be extraordinary, probably impossible, for any one, however great his attainments, large his experience, and sound his judgment, to write a book on therapeutics which would command universal assent. This is not to be expected, perhaps not to be desired.

It is an ungracious task to hunt through a work for errors and defects, and call attention to them. When they are serious and likely to mislead, they should be faithfully exposed and condemned, however disagreeable the labor of doing so may be. In the present instance, no such unpleasant duty is imposed upon us. The imperfections and errors which we have noticed are few and unimportant. On the other hand, the excellencies are many and patent. Valuable suggestions and material for thought abound throughout. The chapters on body heat and fever, inflammation, action and inaction, and the urinary system are particularly good. The descriptions of pathological conditions, and the character of the therapeutic measures advised give evidence of sound clinical observation. We should be glad to confirm these statements by one or two long quotations, but this is forbidden by our limited space. We venture, however, to quote the following brief paragraph on albuminuria, which is a fair illustration of our author's style, and of the soundness of his views upon a perplexing matter.

"Albuminuria is a valuable symptom when carefully appraised, but it will not settle the question of renal disease. It is a sympton not to be neglected, but it has been sorely abused; it has covered much culpable carelessness, and occasioned much mischief. The man who would make the diagnosis of chronic renal disease turn on the presence or absence of albumen is a man whose patient I should not like to be. The silent progress of interstitial nephritis is often without albuminuria for long periods; the absence of albumen, therefore, does not contra-indicate the presence of disease, even when far advanced; at other times albuminuria is a temporary condition of no real importance. Albuminuria derives its significance from the conditions under which it occurs; and the great matter is to arrive at a knowledge of those conditions, after which only can we appraise the value of this symptom. This view of the matter is too little insisted upon, even by those who know well the value of the testimony furnished by albuminuria" (p. 396).

The style of the treatise is uniformly good, always lively and agreeable, and often brilliant. We are sorry to qualify this statement by saying that occasionally words and expressions are used, which indicate carelessness or bad taste. Thus "norm" appears repeatedly, a word which grates on our ear like a discord, and looks on the printed page as if it were normal with its tail docked. "Diagnose," of which the final syllable suggests the nasal speech of a Yankee pedagogue, instead of the sonorous diction of an Englishman, is often employed for diagnosticate, substituting inelegance for elegance. In like manner, "nextly" occurs, a poor and needless substitute for next. The coinage of new words is clearly justified by necessity, but when an author discovers the necessity and acts accordingly, the new coin should be of good stuff and well made. Unfortunately, "anhidrotic," which is offered to the public, is neither needed nor properly compounded. Were such a term required, it should be antihidrotic. When a foreign language supplies an expression for which there is no English equivalent, it is pardonable to call in the aid of a foreigner, but when such is not the case, it is pedantry to do so. Dr. Fothergill speaks of a "*soupçon* of homœopathy," when a flavor of homœopathy would have expressed the same idea with greater elegance, and would have been honest English speech. These are slight blemishes, however, and we should not allude to them, were it not that medical writers are often culpably negligent in their style, and it is well to remind them of their short-comings in this respect. Tyndall and Huxley are masters of rhetoric as well as of science, and the rapid and large diffusion of their views may be fairly attributed, in part, to the nervous and elegant language in which their ideas are clothed. Truth is none the worse for wearing an attractive garb.

We ought not to close this notice, without expressing our appreciation of the form in which the American publishers have offered this volume to the public. It is printed on good paper, and with a large and clear type which it is a pleasure to read. E. H. C.

VITAL STATISTICS OF RHODE ISLAND IN 1875.

RHODE ISLAND is one of the few States which have followed the example of Massachusetts in the systematic registration of births, marriages, and deaths, and in the annual publication of the compiled material with editorial comments thereon. We hope the time will come when in every State throughout the Union the record of vital statistics shall be obligatory. Indeed, it is not unreasonable to anticipate that, beside such state registration, there will be a central national bureau of vital statistics, whose office it shall be to collect, analyze, and compare the data supplied by the entire country, and to give publicity to the exceedingly valuable deductions possible from such an array of data. One of the advantages of such a general organization would be a uniformity of classification, even now very greatly desired in state and city registration.

The report on the vital statistics of Rhode Island for 1875[1] is prepared by Dr. Caswell, and it shows the same care and completeness which have characterized his work in previous years. We appreciate the labor involved in a report of this kind.

In 1875 the births and deaths were slightly more numerous and the marriages less, in proportion to the population, than in 1874. The death-rate was 16.7 per 1000 of the population, less, it will be observed, than the 17 per 1000 which Dr. Farr has estimated as the mean urban and rural death-rate.

The births in 1875 were in the ratio of one to every forty of the population; in Massachusetts, the same year, the ratio was one to every thirty-seven persons. Both these ratios are low in comparison with those in England and Germany, owing in great measure, no doubt, to defective birth-registration in this country.

The still-born are considered as a class by themselves. This exclusion of still-births from the statistics of deaths seems to us reasonable and proper. There appears to be no strong argument for placing them, as is sometimes done, among the causes of death, under the order of developmental diseases. If American statisticians could come to an agreement upon this matter and abide thereby, much would be gained in the interest of uniformity.

In 1875 there was the record of one mother in Rhode Island who had borne eighteen children. During the nineteen years ending in 1875, there were four women who had each borne nineteen children, two who had borne twenty each, two who had borne twenty-one each, and two who had borne twenty-two each. The enumerators of the census of Massachusetts, in 1875, found three mothers who had each borne twenty-three children, two with twenty-four births each, and four with twenty-five births each, "and the statements are well authenticated."

We observe that, as is usual in American registration reports, the statistics in the present report are distributed according to nativity and parent-nativity. We cannot but regard any classification of this kind as an uncertain basis upon which to found conclusions of an ethnological character, because the term

---

[1] *Twenty-Third Report upon the Registration of Births, Marriages, and Deaths in the State of Rhode Island for the Year ending December* 31, 1875. Prepared under the direction of J. M. Adderman, Secretary of State. By E. T. CASWELL, M. D. 1877.

"American" is so comprehensive, including, so far as vital statistics are concerned, every person born in America though of distinctly foreign stock. Even if we seek to avoid this by comparing data of parent-nativity, the difficulty is lessened, not removed, each new year's statistics comprising a numerous class of children, born and dying, who trace their distinctly foreign lineage through two or more intermediate American generations. For example, a child born to-day and dying next week in Providence is the direct lineal descendant of an Irish couple who came to America in 1850, bearing the same family name with them and possessing similar physical and mental traits; yet this child's birth and death are reckoned "American," because he and his parents were born in America, although his grandparents were born in Ireland and ethnologically the child is Celtic.

We observe that the Rhode Island registration law received in 1875 two salutary amendments; we should like to see similar provisions made obligatory in Massachusetts. One of these amended sections requires a medical certificate of the disease or cause of a death or still-birth to be given within *forty-eight hours* after the death or still-birth; the other requires that undertakers shall not bury, remove, or otherwise dispose of the remains of any deceased person without having first obtained the physician's certificate above alluded to.

HINTS TO CONTRIBUTORS.

We recommend to the perusal of all those who write for medical journals some very sensible remarks which have appeared in a recent number of the *Medical and Surgical Reporter*. Apart from any criticisms on style or quality of the material they produce, matters disposed of by a very summary and simple process, we would venture to call attention more particularly to those remarks which bear upon the preparation of manuscript for the press. Even those who write frequently appear to be unaware that "copy" must be placed in the printer's hands precisely as it is to be set up. The type-setter has no more license to vary from the manuscript than the apothecary has to depart from the precise mandates of a prescription. All pernicious habits of abbreviating, underlining, interlining, lavish use of capitals, neglecting punctuation, headings of subjects, and the like, to say nothing of disregard of common rules of grammar and chirography, throw an amount of work upon both editor and printer of which few writers have any conception. Were even a tolerably well-written article to appear precisely as received from the author's hands, faults almost imperceptible in the manuscript would crop out with surprising frequency. The extreme caution evinced by some veteran writers in regard to everything prepared by their pens is in striking contrast with the recklessness of, we might say, a very large number of contributors. The former appreciate the importance of weighing carefully every word which is to go permanently on record. The latter rush in where the former wisely fear to tread. As to the faults in style we refer the reader to the article in question. The writer says:—

"The editor of a scientific journal has occasion constantly to compare reports of observations from different pens, and to perceive how often writers bury their wheat in a multitude of chaff, to the great detriment of themselves and their readers. Some mention of the more common of such errors will not be out of place.

"The first and most distressing to such an editor is an effort at *style* — that is, the effort, not so much to tell facts, as to tell them in a particular manner. Thus we have seen reports of clinics where the patients were described in the phrases of a dime novel. Chlorotic girls had 'pale and anguish-stricken countenances,' etc. In other instances the writer aims to relieve his subject by a flow of humor.

"Next is *diffuseness.* It is so much easier to climb by a circuitous path than to walk straight up, that the first draft by an unpracticed writer is certain to be at least double its proper length. In reporting cases it is not necessary to detail pulse, temperature, respiration, etc., at each visit, but only where such changes bear on the lesson the report designs to teach. Often extraneous matter about irrelevant previous history, or other patients, is inserted, which has no business in the report at all. There are very few articles in medical journals which should exceed eight or ten foolscap pages in length.

"A disagreeable fault in quotation is the use of hackneyed commonplaces, such as 'the ills which flesh is heir to,' 'knowledge is power,' and the like.

"All *personalities* should be rigorously excluded. Scientific men are often sensitively jealous; and physicians are liable to suffer in purse when their scientific knowledge is proved at fault. As for 'showing up' quacks, an extended observation inclines us to believe that, as a rule, the more they are shown up the more they thrive.

"Some minor oversights are also enough to lead many an editor to reject an article on account of the needless trouble they cause him. Every one who writes for the press should use *black ink* and *white paper*, not lead pencils, nor colored sheets, which render even a good hand illegible; he should *never* write on both sides of the same sheet, for good and sufficient reasons known to every printer, and needless to explain; he should *never* end his note to the editor with words to this effect: 'I have written the inclosed paper in a great hurry, and have not had time to correct it. Please do it for me.' The editor, nine times out of ten, has a great deal more to do than the writer, and if the latter does not take the trouble to clothe the progeny of his own brain in proper garb he cannot expect others to do it for him. Whatever is sent in should be carefully prepared and clearly written."

CORONER A. W. K. NEWTON.

In an editorial which appeared in this journal September 16, 1875, we took occasion to protest against the appointment of A. W. K. Newton as coroner, on the ground that he was an unfit person to hold so responsible a position. The result of our protest was, as our readers are aware, a libel suit in which the damages were laid at twenty thousand dollars. We immediately set to work collecting evidence with which to make good our statements. Unfortunately, when the case came to trial, we were unable to make public the evidence we had obtained, owing to the fact that the plaintiff abandoned his suit, the decree of judgment for the defendant being entered without the case coming to trial. The presentation of the following petition to the legislature last week, however, bids fair to reopen the question of Newton's fitness for his position, and we hope at an early day to make public through legislative channels evidence which was prevented from appearing, by circumstances over which we had no control, in a court of law.

[Copy.]

To the Honorable Senate and House of Representatives, of the Commonwealth of Massachusetts, in General Court assembled: —

The undersigned petitioners, citizens of Massachusetts, respectfully represent that they believe A. W. K. Newton, one of the coroners of the county of Suffolk, to be an unfit person to hold the office of coroner, and have information that in inquests held in the said county he has violated the laws of the Commonwealth relating thereto; wherefore your petitioners pray your Honorable Houses that you will make your address to his Excellency the Governor for the removal of the said A. W. K. Newton from his office as coroner.

D. Humphreys Storer.
Henry I. Bowditch.
Henry W. Williams.
C. Ellis.
C. D. Homans.
Edward H. Clarke.
Francis Minot.
George H. Lyman.
Charles E. Ware.
John P. Reynolds.
James C. White.
William Ingalls.
David W. Cheever.
Benjamin E. Cotting.
John G. Blake.
S. Cabot.

MEDICAL NOTES.

— We learn from our English exchanges that Sir William Fergusson, whose death we have already noticed, was born on March 20, 1808, at the village of Preston Pans, in East Lothian, Scotland. His father wished him to enter the medical profession, but he himself preferred to study law. He finally determined to join the ranks of the medical profession. Accordingly, at the age of seventeen, he entered the medical faculty of the Edinburgh University, and at the same time became a pupil of the celebrated Robert Knox, who had then the reputation of being the foremost teacher of anatomy in the kingdom. He became a licentiate of the Edinburgh College of Surgeons at the age of twenty, and a year later obtained the fellowship of the same corporation. Shortly after this he began to give systematic lectures on operative surgery, and between the years 1831 and 1840 he had a class of five hundred students. His general attainments in surgery were so great that on the removal of Robert Liston to London, in 1835, young Fergusson divided the surgical supremacy of Edinburgh with Syme. In 1833 he married Miss Helen Hamilton, a lady possessed of considerable personal accomplishments and a large fortune. In 1840 he was elected to the surgeoncy of the New King's College Hospital, and came to London. It was some time before his professional income became a large one, but between 1840 and 1850 the hand of death was a busy one, Astley Cooper, Liston, Key, and others passing away. On the death of the last named he was appointed surgeon-in-ordinary to

H. R. H. the Prince Consort. The honors he received later on were those of surgeon-extraordinary to the Queen in 1855, a baronetcy in 1866, and the sergeant-surgeoncy to the Queen in 1867. In connection with the Royal College of Surgeons Fergusson held the post of professor of human anatomy and surgery in 1863. Having served for some time on the Board of Examiners, he was elected president in 1870, and delivered the Hunterian oration in 1871. He also held the post of president of the British Medical Association during the year 1874. In the later years of his life his income rose as high as £12,000 a year. He enjoyed perfect health until the year 1874, but for the last two years he has been a victim to Bright's disease. His great reputation was chiefly due to his ability as an operating surgeon. He was a strong advocate of conservative surgery. The treatment of harelip and cleft palate were matters to which he gave much of his time, as is well known in the country. He was a skillful operator for stone, and devised several improvements in the lithotrite. His chief literary work was his System of Practical Surgery.

— Professor Maas, of Breslau, has been elected to fill the chair of Professor Czerny, Freiburg, the latter having gone to Heidelberg as successor of the late Professor Simon.

— The *Medical Times and Gazette* of January 13, 1877, calls attention to the publication by Professor Abelin, of Stockholm, of some startling results obtained by him in the treatment of various diseases of children by salicylic acid. The acid was given as an internal antiseptic on a large scale in cases of diarrhœa with offensive stools. It did not affect the disease favorably, and it was found to be inferior to other remedies in modifying the offensive odor of the discharges. As an antipyretic it produced a definite effect in many cases, but when given in doses large enough to produce a lowering of temperature from 2° to 4°, it was badly tolerated and produced alarming symptoms. In doses of 0.8 to 1 gramme (12⅓ to 15⅔ grains), it acted in an infant at the breast as a violent poison. It has a very irritant action upon the mucous membranes of the mouth and pharynx. It causes a lowering of the temperature of more than 5° Fahr., a considerable amount of collapse, irregular respiration, altered skin functions, and a strong fluxion of blood to certain viscera. Professor Abelin concludes that in young children the use of salicylic acid must be very much restricted. In a dose of twelve to fifteen grains it acts as a corrosive poison; in smaller quantities it lowers temperature without acting beneficially on the course and symptoms of the malady.

We think that physicians in this country would hesitate to give such large doses of salicylic acid to infants.

— The physicians of Breslau have petitioned the cultus-minister of the German empire to raise the whole medical tax, and when this is impossible to offer a new and more satisfactory budget. The General Society of Physicians of Thüringen have also taken the odious tax into consideration.

— Miss Fletcher, of Burlington, Vermont, has recently given $75,000 for the building of a hospital, and $100,000 for the endowment of the same. The hospital will be the first institution of the kind in the State, and will give an opportunity to students in the medical department of the University of Vermont for clinical study.

— According to the *Lyon Medical* a woman living in Paris has just given birth to a triplet, — her twenty-second, twenty-third, and twenty-fourth children. In the nine years of her married life she has given birth to twenty-four children, all born as triplets, and perfectly healthy; moreover, the children are all girls.

— From returns received during the year 1876, the registrar-general of London has calculated that the deaths from small-pox in that city among vaccinated children are 9 in 317,081; while the deaths are 116 in 31,360 children unprotected by vaccination.

BOSTON CITY HOSPITAL.

MEDICAL CASES OF DR. J. G. BLAKE.

REPORTED BY J. B. FOLEY.

CASE I. *Intermittent Fever; Abscess of Back from Necrosis of Rib; Death.* — James F., longshoreman, widower, aged forty-three. Admitted to hospital January 19th. Always in good health until nine years ago, when he contracted intermittent fever while in the West Indies, and has had attacks at intervals ever since. Eight days before entrance he was suddenly seized with a chill followed by fever. Since then a chill has recurred every day at twelve o'clock. No history of any blow or injury of any part of body. Pulse 96; temperature 98.8° F. Ordered ten grains of quinia to be given six hours before expected chill. From the commencement of the use of quinia, which was continued for five days, the patient had no return of the chills, the appetite was good, and he slept well, until January 30th, when he complained on the morning visit of pain and discomfort in the back.

On examination a large fluctuating tumor was found extending from the lumbar vertebræ to the spine of the scapula on the left side of the spine, about three inches in breadth. On the following day eight ounces of pus were removed by the aspirator, giving great relief. During the next two days the appetite improved. The tumor then began to enlarge again, and the appetite failed. Pulse 72; temperature 100.2° F. Ordered two grains of quinia in solution, before meals.

From this time the appetite constantly decreased, although alcoholic stimulants were used. On February 3d, the scrotum becoming somewhat œdematous, an examination of the urine gave the following result: color, pale; reaction, acid; specific gravity, 1012; urea diminished; albumen, two per cent. The sediment contained pus, blood, granular and hyaline casts. On the 4th of February there was a chill. Quinia in ten-grain doses was again used with success.

February 6th, removed three ounces of pus from the tumor by aspiration. From this time the patient failed constantly until February 14th, when death occurred.

Autopsy, twenty-four hours after death. Pericardium contained two ounces of fluid, and a thin layer of recent lymph was found on the posterior portion of the parietal layer. Posterior surface of heart was covered with soft, recent, stringy lymph; anterior surface normal. Otherwise the heart was in a normal condition. About eight ounces of fluid were found in left pleural cavity, and both pleural surfaces were covered by a thin layer of recent lymph. No rib on this side was laid bare, nor could any communication be found between the abscess and pleura. Right lung thoroughly adherent by old strong adhesions. Lungs on section were somewhat œdematous, and the lower lobe of left lung was hepatized. Spleen enlarged and bright pink; weight, twelve ounces. Kidneys: weight of left, nine ounces; of right, ten and one half ounces; cortical substance swollen and mottled gray; tubules and Malpighian corpuscles indistinct; the capsule carried with it the entire surface of the organ. Bladder contracted and thickened.

Lying near but not connecting with the spines of the vertebræ, on the left side of the spine, an abscess was found beneath the fascia, and extending from the inferior angle of the scapula to the crest of the ilium. Lying parallel to and connecting with it was another shorter cavity farther from the median line. Beneath this latter cavity the tubercle of the eleventh rib was found denuded over a space one half an inch in diameter, and the bone was slightly eroded. Around this point the periosteum was loosened for a considerable distance. The head was not examined.

CASE II. *Ascites; Cirrhosis of Liver; Hæmatemesis; Ulcers of Stomach.*— Francis C., stone-cutter, married, aged thirty-one, entered the hospital January 29th. General health always good until three weeks before, when the abdomen began to enlarge, and on entrance was greatly distended. Conjunctivæ were slightly yellow. Appetite fair. Bowels very much constipated and urine scanty. Ordered on entrance,

℞ Pulv. jalap. comp.	gr. xl.
Elaterii	gr. ⅛. M.
℞ Infus. scoparii	Oj. daily.

As constipation still persisted, the above powder causing one dejection only, it was given every evening. Stools not becoming liquid, on February 2d

℞ Pulv. jalap. comp.	ʒi.
Elaterii	gr. ¼. M.

was ordered every evening. On the following day, as the desired effect was not produced, all medicine was omitted. Apparently scoparius did not increase the amount of urine. Capsules of copaiba and spirits of juniper with nitre were ordered.

Up to that time the urine amounted to ten ounces in twenty-four hours. On examination the color was dark; reaction, acid; specific gravity, 1032; urea, increased; albumen, absent; sugar, absent; bile-pigment, present. From this time the urine increased to twenty-two ounces in twenty-four hours.

On February 6th hæmatemesis suddenly occurred early in the day, and was controlled by the use of ice. About four hours afterwards blood poured in large amount from the mouth and nose, and death occurred.

Autopsy, twenty-four hours after death. In the peritoneum there were three hundred and twelve ounces of yellow serum. Lungs and heart normal. Liver extremely cirrhotic and contracted; weight, two and one half pounds; dark purple externally, and internally dark red; very uneven upon surface, hard and tough from extremely abundant connective tissue. The stomach contained blood, and was reddened in spots, the remainder of the surface having a dull leaden hue; upon the mucous membrane, at the cardiac portion, a group of eight small, round ulcers, extending through the internal layer only, was found. Several single minute ulcers were scattered over other parts. The kidneys were enlarged, dark, and congested; weight, twelve ounces.

CASE III. *Rheumatic Pericarditis preceding Affection of the Joints.* — Charles H., teamster, married, aged thirty-three, entered the hospital February 8th with the following history: He had been treated at the hospital seven months before for acute rheumatism. Records state that "no cardiac symptoms were noticed." He had a chill six days previous to entrance, followed by nausea and vomiting, with pain in the region of the heart, which rapidly became intense. Cough also began at this time, with muco-purulent expectoration.

On examination of the chest a loud friction sound was heard, over the base of the heart especially, but extending over the entire cardiac region. The area of cardiac dullness was increased. The breathing was hurried and distressed. Six leeches were applied on the left of the sternum, over the costal cartilages in the præcordial region. Fifteen drops of the deodorized tincture of opium in half an ounce of brandy were ordered every four hours.

On the following day the rough friction sound was heard over the entire cardiac area, and appeared louder than before. The heart tones seemed roughened, but the friction sound masked murmurs if any were present. The skin was congested and slightly cyanotic, and the patient somewhat delirious. Opium was omitted, and sinapisms were applied over the entire chest, front and back, followed by tincture of iodine over the cardiac region. Twenty drops of the tincture of hyoscyamus were to be given if there was pain. Nervous symptoms were controlled by bromide of potassium in thirty-grain doses. On the following day great improvement was noticed. The sinapisms were reapplied and followed by a light jacket-poultice. A few subcrepitant râles were noticed over the base of the right lung. Carbonate of ammonia in three-grain doses was ordered thrice daily.

On February 13th, although respiration was still hurried, the friction sound was much diminished, and the patient slept during the night tolerably well.

Rheumatic pains appeared on February 15th in the hands and joints of the fingers, which were swollen and tender. Ten grains of salicylic acid every two hours were ordered. The salicylic acid was omitted after eighty grains had been taken, as it caused gastric irritation. During its use the rheumatic pains disappeared.

Up to the present time there has been constant improvement. All pain has disappeared and the friction sound is rapidly growing less. As it diminishes, a well-marked mitral murmur is easily distinguished. During the attack the pulse has been about 104 and the temperature 102° F. This case is one of unusual interest, as the alarmingly acute pericardial affection preceded that of the joints, which has been so slight that it seems as if almost the entire force of the disease had been spent upon the heart. Although pericardial inflammation is not uncommon during rheumatism, yet from the observations of Bauer, Latham, Roberts, Flint, and others, it rarely precedes the articular affection.

THE METRIC SYSTEM.

MESSRS. EDITORS, — The note from Dr. Derby in your number of February 15th prompts me to speak, in spite of the authority of the French Pharmacopœia, of the desirability of dispensing liquids in ordinary prescriptions by measure rather than by weight. The reasons are, much greater convenience for all parties concerned, and accuracy entirely sufficient for all practical purposes.

A medical prescription is not, and is not intended to be, a chemically exact solution for use by a skilled manipulator. It is intended simply to secure the administration of an approximately exact quantity of some more or less active ingredient by the means usually at the command of persons not specially instructed. If pills or powders are used, the weighing is already done, or the patient is trusted to estimate for himself the proper quantity (as in the case of compound liquorice powder, or pepsin, where no harm is done by a trifling inaccuracy). But liquids have been and must be administered by volume, however they may be prescribed. Patients certainly could not be expected to keep on hand scales of the proper construction for weighing liquids, even if they knew how to use them, and consequently there must be, if weights exclusively are used, a reduction of weights to measure at some stage of progress of the prescription from the physician to the patient, necessitating in the case of liquids heavier or lighter than water a tedious calculation of specific gravity. If we are to be absolutely correct, the temperature must be taken into account also.

If, however, the vehicle or diluent or more bulky ingredients of the mixture are prescribed by volume, based on the average capacity of the teaspoon and tablespoon, the two domestic measures which will probably hold their own in spite of the metric system, the active ingredient is at once divided into the requisite number of doses. These two measures adapt themselves quite as closely to the metric system as to the present one, the teaspoon being much more nearly five c.c. than ʒi, as ordinarily reckoned, and the tablespoon twenty c.c.

The glasses graduated to cubic centimetres are *now* much more exact than the average graduate, although there is no reason why careless construction and marking by guess-work should not be employed in the manufacture of the one as well as of the other.

Measurement by volume is accurate enough for quantitative analysis, and this method of estimating substances in solution is constantly being extended by the invention of new reactions on account of the much greater rapidity and ease with which the processes can be carried out.

The adoption of weight alone in the compounding of prescriptions would be in reality a step backward, and if associated with the metric system, with which it has no necessary connection, in medicine at least, would go far, it seems to me, in preventing a very desirable reform.

I am yours very truly, E. T. R.

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING FEBRUARY 24, 1877.

	Estimated Population, July 1, 1877.	Total Mortality for the Week.	Annual Death-Rate per 1000 for the Week.	Death-Rate for the Year 1876.
New York	1,077,228	447	21.58	27.46
Philadelphia	850,856	292	17.85	22.88
Brooklyn	527,830	190	18.72	24.31
Chicago	420,000	146	18.08	20.41
Boston	363,940	121	17.29	23.39
Providence	103,000	26	13.12	18.34
Worcester	52,977	16	15.71	22.00
Lowell	53,678	24	23.25	22.21
Cambridge	51,572	18	18.15	20.54
Fall River	50,370			22.04
Lawrence	37,626			23.32
Lynn	33,524	14	20.49	21.37
Springfield	32,976	4	6.31	19.69
Salem	26,739	15	29.17	23.57

◆

Norfolk District Medical Society. — A special meeting will be held in Bradley's Building, corner of Dudley and Warren streets, Roxbury, on Tuesday, March 13th, at eleven o'clock. Papers, communications, etc.: —

1. Dr. S. S. Gifford. Cases of Death produced by Vaccination with Animal Virus, with Remarks.
2. Dr. C. E. Wing. Further Observations upon the Use of Uterine Supporters.
3. Dr. H. A. Martin. Case of Fibroid of the Uterus; Operation.
4. Dr. H. P. Bowditch. Vital Statistics relating to Schools.

Lunch at 1.45 P. M.

Members of other district Societies are cordially invited to be present.

Arthur H. Nichols, *Secretary.*

Books and Pamphlets Received. — Reports of the Trustees and Superintendent of the Butler Hospital for the Insane, presented to the Corporation at their Annual Meeting, January 24, 1877. Providence. 1877. Pp. 43.

Medical Libraries. An Address delivered before the New York Academy of Medicine, January 18, 1877, on taking the Chair as President a Second Term. By Samuel S. Purple, M. D. New York: Printed for the Academy. 1877. Pp. 26.

Diagnose und Therapie der Krankheiten des Menschen mit zugrundelegung der Lehren und Recepturen der ersten medicinisch-chirurgischen Autoritaten, nebst einem Anhange über Balneologie. Von Dr. Bernard Kraus, chef Redacteur der Allgemeinen Wiener medicinischen Zeitung. Wien. 1877. Verlag von Moritz Perles. (For sale by E. Steiger, 22 Frankfort Street, New York.)

Mothers and Daughters. Practical Studies for the Conservation of the Health of Girls. By Zullie Suzzara Verdi, A. M., M. D., President of the Board of Health of Washington, D. C. New York: J. B. Ford & Co. 1877. (For sale by Lockwood, Brooks, & Co.)

Second Annual Report of the Board of Health of the State of Georgia, 1876. Atlanta. 1877.

Claims of the Sick Poor. Paper read before the Middlesex North District Medical Society, January 31, 1877. By Nathan Allen, M. D. Lowell. 1877.